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CASE OF CHRONIC HYDROCEPHALUS.

AT a meeting of the Medical Society of Augusta, Ga., Dr. Dugas related the following interesting case of chronic hydrocephalus, which he had treated by tapping.

This was a male child, born without accident, and enjoyed apparent good health until one month old. His head was then perceived to increase in size more rapidly than is usual in health; and subsequently, the cranial bones separated, the eyes became spasmodically turned downward, and at four months of age the child experienced slight general spasms, which in a few days amounted to convulsions. He appeared in other respects perfectly well, was fleshy and had been subjected to no treatment whatever. The circumference of the head was now twenty-four inches, and the fluctuation could be distinctly felt at the forehead, which was puffed up by the contained fluid. In this condition he had found the patient, on the 25th of June, laboring under convulsions which had commenced several hours before. Dr. Antony happening to be present, it was at once determined in consultation, to draw off a portion of the effusion; but having no more suitable instrument at hand, Dr. D. made the puncture with a couching needle, penetrating about one inch deep, in the left angle of the fontanelle. On withdrawing the needle, an ounce and a half (3 iss.) of limpid yellowish fluid oozed out, and no more could be obtained. The head was then bandaged; the convulsions continued during the operation, and two or three hours after.

On the fifth of July, the operation was repeated with the same instrument, and the application of a cupping glass, when 3 ij. more were drawn.

Aug. 12.—Head had very much enlarged, and on the use of a very small trocar, made expressly for the purpose, 3 vij. of fluid were removed.

29.—Head larger than previous to the last operation. Drew off 3 xi.

Sept. 12.—Head full, but not distended strongly. Drew off 3 xv.

30.—Head again filled. Drew off 3 xiiss.

Oct. 16.—Drew off 3 xiv.

Dr. D. remarked that the convulsions subsided shortly after the first operation, and did not return, except very slightly, a short time before the third and fifth puncture, although the accumulation continually increased. Indeed his general health appeared unimpaired until the 15th October, when he became dull and stupid. The stupor gradually increased and

he became insensible of the nipple when put into his mouth. On the 16th he appeared as if in a profound sleep, and had swallowed nothing for two days.

After the removal of the 3 xiv. on that day, he again readily noticed and swallowed several teaspoonfuls of milk poured into his mouth. He expired quietly on the 18th October.

The operations were never attended with the least change of pulse, nor symptoms of prostration—the only visible effect being the subsidence of the tumefaction, and of the tendency to spasm. Iodine, calomel, bandages, &c. were prescribed, but never attended to from the unwillingness on the part of the mother to annoy the child, as she thought, unnecessarily. The fluid was, after several of the operations, exposed to heat, without coagulating in the least.

The Dr. then gave the following full and minute account of the autopsic examination.

Autopsy.—The cranium was opened longitudinally, by an incision made in the membranes connecting the two sides of the frontal and the two parietal bones. The brain was found expanded like a sac, lining the dura mater, and filled with fluid, which did not escape until the brain was punctured. The convolutions were entirely unfolded, and the walls of the *sac* thus formed were about a line or two thick. The corpora strata and thalami were not affected, and the third ventricle was nearly normal; the fornix, velum interpositum and plexus choroides existed; the septum lucidum was not found. The corpus callosum could not be recognized, although the cerebral substance forming the walls of the sac was as firm as usual at this age. Cerebellum, normal—as also the medulla oblongata and encephalic nerves. The membranes presented nothing peculiar, save a great want of blood in the vessels of the pia mater. The inner surface of the *cerebral sac* resembled very closely a healthy mucous coat of the stomach. It was in some places covered with thick flakes resembling dense mucus; some of these were yellowish, some brown, others of a cream color and like thick pus. The yellowish patches were at the bottom of that portion of the sac corresponding to the anterior lobes of the brain, and were not very unlike the appearances left after the absorption of apoplectic effusion. The left hemisphere being the first opened, permitted the escape of the fluid contained in both, after which, on looking into the right cavity through the hole of communication with the left, a kind of longitudinal septum, though lacerated, was seen hanging from the upper part of the sac and reaching its floor. It resembled the cineritious substance, but was so pulpy as to be readily torn and thus to prevent a satisfactory examination. It may possibly have been formed by flakes analogous to those already alluded to.

On examining that part of the sac which corresponded to the external marks left by the punctures, the cicatrices of the seven perforations were distinctly seen in the cerebral substance, which at this place with its other membranes slightly adhered to the dura mater.

The contained fluid measured sixty-four ounces, was limpid and of the color of pale urine.

The above case, although unsuccessfully treated, may, by confirming the practicability and harmlessness of tapping the brain, lead to its more frequent trial. The plan has proved successful in one or more instances, and therefore merits more attention than it has hitherto received. In this case the brain was punctured seven times and sixty-three ounces of fluid drawn off, yet not the slightest unpleasant effect ever followed the operation.—*Southern Med. and Surg. Jour.*

FATAL INFLUENCE OF MENTAL ON BODILY FUNCTIONS.

BY C. O'RIELLY, M.D. DUBLIN.

MRS. MC D., ætat. 27, resident in Dublin only a few months, of a nervous temperament, but possessing in general good health, on hearing of the death of a brother with whom she had resided, and from whom she received an annuity sufficient for her support, retired to bed, suffering in mind apparently the greatest distress, and observing that she could not survive him one week. She refused sustenance of every kind, save cold water, for the space of three days; continuing in this state, her sister remonstrated with her, and questioned her as to her experiencing any bodily pain, which she declared was not present, but observed that consciousness of the loss she had sustained was the sole cause of her dejection. She moaned continually. On the evening of the fourth day, by the solicitation of friends, she was prevailed upon to leave her bed and take a little food, which she rejected by vomiting after a short space of time. On returning to bed she took the following draught in a little whey—tincture of opium, 13 drops; cinnamon water, one ounce; syrup of ginger, one drachm, furnished by an apothecary. She continued to moan, still persisting, however, that she was free from pain. At eleven o'clock on that night, and at two o'clock, A. M., her sister, who slept with her, found her to be unusually cold, but perfectly conscious, and still without pain. At six, A. M., the coldness was accompanied with clamminess of the entire surface of the body, when her sister, with other friends, urged her to take a little warm wine and water. Warm applications to the feet and stomach were also used, in consequence of which she rallied, and pledged herself to cease from moaning. Yet free from pain. Her sister, from fatigue, slept, and at ten o'clock in the morning, the servant, on approaching the bed, with breakfast, according to order, found Mrs. McD. lifeless.

A laudanum bottle was found in the apartment, but it belonged to the sister, and was emptied by her and not by the deceased, the former being in the habit of using laudanum.

The body was examined by me, in conjunction with a few medical friends, and some of the most intelligent pupils of my class, forty-eight hours subsequently to death. After the usual examination of the surface, where no morbid alteration was evident, I made an incision through the pericranium; fluid blood exuded from the divided surfaces of the vessels. On removing the calvarium the vessels connecting it with the dura mater

allowed the fluid to escape ; the dura mater and meningeal vessels were in their natural state ; in fact, the remaining membranes of the brain, and the brain itself, were healthy ; the spinal column, also, was natural ; the viscera of the thorax were equally so, but the liver pressed upwards, against diaphragm, so as to diminish the capacity of the thorax on that side.

The heart had on its exterior some adipose substance ; the abdominal viscera were nearly in their natural state ; the stomach and intestines were distended with flatus ; the former contained a dark fluid, having a slight venous smell ; the mucous coat was slightly tinged, but by washing it was found to be healthy. This fluid was collected, and submitted to the most careful analysis by Dr. Kane, the present Professor of Chemistry at Apothecaries' Hall, and myself, but not a trace of opium, or any of its constituents, could be detected ; the liver was of its ordinary size, the yellow tissue predominating, owing to deficiency of blood, and different from the fatty degeneration so frequently met with in scrofulous persons, nor could I ascertain, although familiar with the family, that any diathesis of the kind existed amongst them, nor was a vestige of it to be met with in her ; the porta and mesenteric vessels were distended with fluid blood ; the omentum was loaded with fat ; the uterus was healthy, as, also, were its appendages ; the bladder was empty, and contracted ; the ilium, near its termination, was of a deeper tinge than usual, owing to its pending position for so many hours, as described by Burns, Andral, Billiard, &c.

Such were the appearances. Taken as a whole, they appear to me, so far as our present anatomical and pathological knowledge enable us to form an opinion, insufficient to account for death. To what, then, can we attribute the loss of life ? Surely to the fact of the individual being panic-stricken, and in support of this I shall add the following cases. Let me premise that the influence of the mind on diseases both of the acute and chronic form is very considerable. Witness the perfect prostration of intellect from a previous state of soundness, by a similar influence.

In Dr. Marshall's "Hints to Medical Officers," in the latter pages of that work, is the following—"Capt. D., who was stationed on the east coast of Ceylon, on hearing that the British troops had been ordered to prepare to enter the Kandian territory, went to bed, and never from that moment uttered a syllable. The functions of the lungs and the heart continued, but there seemed to be no feeling, nor any desire of motion. He survived about fifty hours, and then expired. This arose (as it is stated) from the fact of the Kandian territory having proved a grave to many of his comrades, which caused him to entertain an unfavorable opinion of a Kandian war."

Mr. Dick, late Army Medical Inspector, states, that at the time that the plague raged in Egypt our troops were ordered to be removed, and as it was necessary that a medical officer should remain with the sick, they agreed to draw lots for that officer, when the individual on whom the lot fell immediately dropped dead.

In either the *Lancet*, or the *Medical Gazette*, was given the case of a

Mr. Balls, who appeared to be rather nervous at hearing of the murder effected by Mr. Stoneyhurst, who murdered his own son and stabbed himself in the breast. Residing next door, he could not sleep; and one evening having, on going to bed, left his door on a jar, a dog made his way into the apartment and upset the basin stand, when the noise made such an impression on him that he died in a few hours.

In Dr. Thomson's work on Therapeutics, we have examples recorded of the influence of the exciting and depressing passions of the same purport. I might also adduce several other authorities, but in those we find them not supported by the result of after-examination. I record the present case in order to add to the existing testimony of the influence of mind on the body in a state of health.—*London Lancet.*

ASTHMA.

FROM DR. HAXALL'S PRIZE DISSERTATION.

WHEN we consider the several forms of catarrh and emphysema of which we have given the succinct history, it appears evident that asthma is in very many instances nothing more than a symptom of an original and independent disease. This fact will demonstrate the importance of clearly elucidating our diagnosis by every available mean within our reach; and it cannot now be questioned that the study of physical signs is the only sure and undoubted resource. Without the aid which those will assuredly give, every remedial measure must be prescribed at random, and it is time that empiricism should yield to the clear light of reason.

That asthma is sometimes an idiopathic affection we are scarcely permitted to doubt, because cases are reported by those most skilled in the use of the stethoscope, in which this instrument was impotent to detect the slightest lesion; and where opportunities for making examination after death have occurred, no derangement of structure has been observed. To such forms of the disease can alone be appropriated the names of nervous and spasmodic; and nearly everything that can be said relatively to the pathological condition necessary to the production of symptoms, must from the nature of things be hypothetical.

It is not necessary to our purpose to describe the symptoms of nervous asthma, nor can we advance one step in our present knowledge of the subject, by reiterating the oft-repeated doctrine of the deranged and unequal distribution of the nervous energies; whether in such cases the lungs receive more or less than their accustomed portion, who can tell? But there is an idea, first suggested, if our memory does not deceive us, in the very excellent little work of Mr. Teale on Neuralgic affections, that the form of disease now under consideration may be due to an irritation of the rachidian column; and our recollection inclines us to the belief that several cases were treated upon this principle with the most entire success. The point of irritation is discovered by pressing upon the spinous processes of the vertebræ, when some degree of tenderness

is immediately felt; and notwithstanding it is impossible in the present state of the science to offer a satisfactory explanation of the fact, yet it is not the less true. As to ourselves we have met with no case referable to a spinal lesion, and therefore speak not from any experience of our own.

Although, as already remarked, it is incompetent for the instrument to detect any structural derangement, yet does it reveal a singular peculiarity in the respiratory function. While the patient is gasping for breath, and suffering all the agonies of an anticipated suffocation, the respiration, as studied through the medium of the stethoscope, appears to be carried on with more than its usual intensity; the sensation is experienced by the observer, as if the vesicles were distended to their utmost, by the rapid and unobstructed ingress of the air; it has become eminently *puerile* in its character, and it must be from some derangement of the nervous influence, that this increased necessity for respiration is awakened. As soon as the paroxysm has finished, the gentle respiratory murmur of health is again recognized. It is not pretended that puerile respiration is alone heard in simple nervous asthma; in the case of chronic dry catarrh, where dyspnœa is the predominant symptom of the paroxysm, it is often observed, and there is no other way of accounting for its production, than by admitting the accessory influence of nervous derangement.

Many years since, before pathological anatomy had asserted its just claim to the elucidation of disease, every attack of asthma was supposed to be spasmodic; and although subsequent research has abundantly demonstrated the falsity of the hypothesis, yet is there reason to believe, from the structure of the bronchial branches, that there are cases which belong to this category. Lauth, Reisseissen, and other anatomists, have proved the existence of circular muscular fibres in the minutest ramifications of the bronchiæ, and analogy might lead to the inference that they entered into the formation of the parietes of the air-cells. A similar train of functional symptoms belongs to this, as to the other varieties of asthma; and when spasm, either of the smaller bronchiæ or the air vesicles, or both at one and the same time exists, the entrance of the air is impeded, and respiration must be more or less diminished. It occurs in many instances, that cases of slight catarrh are discoverable by the instrument, but not sufficient to account for the paroxysm. Whatever influence this circumstance may possess, it should be regarded as acting conjointly with the more active one of spasm; and if it be allowable to draw a pathological deduction from the effect of a remedial agent, this explanation might be considered as at least plausible. We have in our eye the case of a medical gentleman, in whom the affection was probably altogether catarrhal in its origin, for there is expectoration; the paroxysms of the disease are both relieved and rendered less frequent by the anti-spasmodic virtues of tobacco. We speak problematically, for we have made no examination.

CRITICISM.

DR. ALLEN'S COMMUNICATION ON PULMONARY GANGRENE.

[Communicated for the Boston Medical and Surgical Journal.]

DR. A.'s explanation of his mistake in confounding the existence of the respiratory murmur with the phenomenon of pectoriloquy in the same part, is evidently an after-thought. A proof of this is found in the sixth case, in which Dr. A. says, "respiratory murmur sonorous on both sides the chest—distinctly pectoriloquous on the right side above the nipple," &c. His "pathological conclusion" is, that the diseased parts are cavernous and passing into the state of sphacelation. Moreover, when Dr. A.'s fatal prognosis of this case came to be verified, which we have reason to suppose soon happened, the patient's attending physician found in his right side "one complete excavation; not a particle that resembled lung or membrane remained." Now let any auscultator who has learned to discern the respiratory murmur, say, if Dr. Allen's ears could possibly be—long enough (we were going to say)—to hear a "respiratory murmur" in such a lung as this must have been at the time of his examination. The murmur of respiration is the sound produced by the expansion of the vesicles of the lung. How can this be heard when the vesicles are destroyed? How can pectoriloquy be heard unless where ulceration has destroyed the vesicles? Are not the respiratory murmur and pectoriloquy incompatible? and is not Dr. A.'s auscultation sadly out of joint?

2. Next, as to bronchial glands. If Dr. A. means the absorbent glands, disseminated invisibly in the parenchyma of the lungs, let him tell us so, and not use a term constantly limited, in general use, to the cluster of glandular bodies at the root of the lungs, or bifurcation of the bronchi.

3. The prominent defects of Dr. Allen's communication are, first, the want of precision in stating facts—the result of imperfect observation. Second, want of precision in language, arising from a variety of causes, principally from not having a clear, distinct, *nette* idea of things to be represented, and from want of familiarity with the observations and language of others. He is "a little out of joint" (i. e. what the surgeons call a *subluxation*) in giving as a treatise on pulmonary gangrene, in which he gives no case of the constitutional affection which is peculiarly entitled to that name, and relates cases, only, of foetid expectoration, some of which probably were not gangrenous, and in all of which the partial gangrene was only such an occurrence as is ordinarily accounted for by inflammation, hyperæmia and strangulation. If he had named his paper a treatise on *circumscribed* pulmonary gangrene, he would have been understood.

4. Does Dr. Allen mean to say that nothing sounds hollow but an empty barrel? When the lungs are filled with air, the thorax returns a hollow sound on being struck. The degree of sonority varies with the density of the thoracic contents, from the extreme sonority of pneumothorax and emphysema, to the extreme flatness of effusion and hepatization. This is a plain general law. A pectoriloquous part does not al-

ways, perhaps not often, sound as "hollow" as where the lung is healthy, obviously because the walls of most pulmonary caverns are of considerable thickness. Dr. A.'s imagination is a little too active. Does he not know that the city presses strike off their papers generally the evening before they are dated, in order to be ready for the mails.

5. Lastly as to the "*puerile crepitus*," r  le, rattle or rhoncus. The term puerile is improperly applied to either of them. But especially, since a crepitus is always a symptom of disease, and puerile respiration implies only an exaggeration of the healthy murmur, a puerile *crepitus* is absurd.

In conclusion, let us say a word to the worthy author of the communication that has drawn forth these remarks. *Soyez tranquille*. Do not chafe at a little good-humored reproof, even though it lacks the urbanity of a "metropolitan critic," and comes in the name of "Alexander, the corrector." Pluck out that little germ of self-conceit that is budding in your breast—give us your next cases in better style and more philosophical language—have the charity to believe the world have not been asleep on the subject of auscultation since 1819—do not administer to yourself so dangerous a dose of glorification as to believe, as you declare in your last communication, "*I have succeeded in accomplishing a far greater and more important object, that is, in bringing the generally neglected subject of auscultation before the medical public.*" Receive these hints, my dear doctor, as kindly as they are meant, or you may fall into worse hands than those of your sincere well-wisher,

ALEXANDER CRUDEN.

P. S.—Please tell Dr. J. Work that a lung has no *posterior lobe*.

MR. EDITOR,—Why does Dr. Bowditch pervert the true reading of his motto on the back of his beautiful translations of Louis? It should be "*Perpendend  non enumerand  observationes.*" C.

Boston, Jan. 19th, 1837.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. II.—MERCURY.

"Pison Mercury done this," said the puffed-up empiric, while dealing out his cure-all for the sore legs of a poor old man, who had not been sparing in his younger days of the cup that maketh the heart glad for a little while, but bringeth sorrow in the end. "Pison Mercury done this," said the aunts and cousins, as they each in their turn came in to pity the old man for his pain and inability to walk. "Pison Mercury" and Mother Eve have a great many sins to answer for, which they never knew anything more about than the rock in the quarry, or the child unborn.

We consider ourselves an exalted people, and a civilized people; but

we are not half so far in advance of barbarism as we think. The eastern potentate, who makes it penal for his physician to meet with ill success in practice, is as reasonable as we in many respects are. The natives of the interior of Africa, when they murdered Mungo Park for not being particular enough in his veneration to a particular kind of tree, which they worshipped as a deity, were not more superstitious and inconsistent than we in some instances are. Notwithstanding we have light to direct us, we will not be guided by it. Like some idolatrous nations, who deify and worship the most loathsome reptile, we place confidence in persons of the least acquirements, of the most mistaken confidence in their own abilities, and the most ill-deserving of public confidence, allowing their knowledge to be as great as they would have people think it to be.

"Pison Murcury," which there is so much said about, in skilful hands is one of the best remedies which the medical practitioner has hitherto become acquainted with. It is, like a great many other things, denounced partly because it has merits. We seldom behold a man of sterling merit without enemies. As those are the best fruits which the birds have been picking at, those things are often the most worthy of being confided in, which have the most strongly been spoken against.

The very persons who bestow so much contumely upon mercury, if they know enough to distinguish one medicine from another, use it themselves when they think they can do it without detection. They slander it to bring themselves into notice. Like the thief who mingled with the crowd, and cried "stop thief," they sometimes abuse it to screen themselves from suspicion. From some such way, and for this more than for the benefit they intend by it, they create for themselves a hobby upon which they too often ride triumphantly over the heads of their more deserving brethren of the medical art.

I once knew a man by the name of Sprague, who was so boastful a quack, that many people thought he was almost a prodigy in the art he pretended to understand. One of his idolizers, after having vented his spite at "pison murcury" and "poticaries," showed me a weed that Dr. S. used as a substitute for "murcury." I told him there was no virtue in that, and that I could eat a hat full. "To make it more var-tuous," said he, "he adds a leetle corrose of sublimate." Corrosive sublimate, you mean, said I. How much do you call a leetle? "Why about five grains, or as much as you could take up on the pint of a jack knife." That is enough to kill a dozen persons, said I. Calomel, the preparation of mercury which is most generally used, may be given in tea-spoonfuls without danger. Corrosive sublimate, if given in the quantity of a grain of sand, would endanger a man's life. He was astonished. He could scarcely be persuaded that I was not trifling with him. "Dr. Sprague use murcury? It could not be. He talks more against it than all the doctors I ever know'd." He had a terrible load upon his mind, until he saw Dr. Sprague, who made him believe that corrosive sublimate was a vegetable.

F.

BOSTON MEDICAL AND SURGICAL JOURNAL.

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DISEASES OF THE EYE.*

We rarely take up a new work with a prepossession in its favor before giving it an examination. Dr. Littell's Manual, however, was actually regarded with special favor after we had read the table of contents. Whether others will agree with us in saying that this is precisely the kind of practical treatise which is needed, remains to be ascertained; yet we shall persist in recommending all young practitioners to procure a copy.

There is a rare kind of modesty discoverable in the author, who must be conscious of having executed a most praiseworthy design, and yet he nowhere makes manifestations of personal satisfaction in the achievement. Simplicity, order, pathological accuracy, and, best of all, plain common sense, are among the prominent characteristics of this little volume. Ophthalmic surgery just begins to be studied in this country, as it should be. The institution of eye infirmaries gave the first impulse to a hitherto neglected department of surgery; and the importance of studying the diseases of the eye distinctly, is now everywhere acknowledged. Formerly, drawing teeth, opening abscesses, splintering up fractured limbs, and occasionally sawing off a thigh bone, was considered, by quite intelligent people, to constitute the whole art of surgery. The organs of sense, those indispensable instruments by which man holds communion with the external world, and by which, alone, he can appreciate the infinite wisdom and majesty of the Creator, were seldom benefited by the rough, unphilosophical manipulations they sometimes suffered under the professed surgeon's hands. A little ointment at one time, a lead wash at another, and an eye-stone where all other remedies failed, have blotted out thousands of bright eyes. With gratitude be it spoken, a new era has been commenced—the profound investigations of such men as Mackenzie, Lawrence, Middlemore, &c. have given an elevation to this once barren heath in the field of surgery. Oculists are now more highly educated: in other words, whatever belongs to the eye anatomically, either in health or in a state of disease, receives a most careful investigation.

Nearly all the library tomes known to us on the diseases of the eye, are heavy—very learned, very exact, but unfortunately overburdened with matter. Like log-houses, they are over-stocked with timber. Dr. Littell seems to have avoided all tendency to book-bulk, by sizing the text as well as dimensions of this excellent essay, to the time, purse and daily wants of the practitioner.

After having bestowed these commendations, it should be kept in mind that we discover nothing original in principle—indeed, the author makes no attempt at palming off a line by way of surprisal, as purely the emanation

* A Manual of the Diseases of the Eye, by S. Littell, Jr., M.D., one of the Surgeons of the Wills Hospital for the Blind and Lame; Fellow of the College of Physicians of Philadelphia, &c. Published by John S. Littell, Philadelphia, 1837. Pages 255, 8vo.

of his own mind. He says that "it has been the object of the author to present the points of chief importance in symptoms, causes and treatment of each disease, with as much brevity and perspicuity, and at the same time with as much minuteness, as the nature of the plan would permit; and he has freely availed himself of the best sources of information."

Being well satisfied of the value of his labors, he has our cordial good wishes for the future—for much more will be expected from him. In conclusion, the publisher will run no hazard in furnishing all the craft with a plentiful supply throughout New England. It will not do to be without it.

MEDICAL DEGREES.

A MEMORIAL is now before the Legislature, from the Trustees of the Berkshire Medical Institution, praying to be empowered to confer degrees independently of Williams College, located twenty miles north of the medical buildings, with which the school has been connected since its organization in 1824. Great inconvenience has frequently been experienced at the close of the winter term, in collecting a sufficient number of the Trustees of the College to constitute a quorum. We have in vivid recollection a time, some twelve years ago, at which great anxiety was felt the night before commencement, on account of the non-arrival of one of the tribunal from whom alone, in that region, college honors can emanate. Late in the evening, a carriage was despatched to the town of Lee, and the Rev. and venerable Dr. Hyde was fortunately produced before business hours the next morning. In giving the Institution the authority it asks, nothing will be lost to the College, and much gained to the School.

MASSACHUSETTS GENERAL HOSPITAL.

THERE were two operations at the hospital on Saturday last—one for the radical cure of hydrocele by incision, the other an amputation of both legs in a case of gangrene from frost bite.

The first patient, a strong healthy looking man, 40 years of age, has been troubled with hydrocele for the last three years. About a year since, the hydrocele was punctured, the water discharged, and an attempt made to cause adhesion to take place by injection. This, however, failed, and the disease having returned, he had determined to have an operation performed for its radical cure.

The patient sitting on the edge of the table, Dr. Hayward made an incision nearly the whole length of the scrotum, first through the integuments, then through the cellular membrane, and finally the tunica vaginalis, which was thickened in a most extraordinary manner, and almost of a cartilaginous hardness. About half a pint of serum was discharged from its cavity. The testicle and spermatic cord appeared healthy. A strip of spread lint was introduced into the wound—and no other dressings used.

The second operation was an amputation of both legs—Dr. Hayward operating upon one leg, and Dr. Warren upon the other. The patient was a farmer, 41 years of age, and though not an habitual drinker, was

subject to occasional fits of intoxication. In one of these unfortunate attacks, three weeks since, and during extremely cold weather, he entered a barn, where he fell asleep and lay without covering during the night. The consequence was that both feet became frozen, gangrene took place, and a line of separation from the sound parts appeared about two inches above the ankles. For the first two weeks after the accident the patient had suffered extreme pain—requiring the daily use of opiates; latterly, however, he has been more comfortable. His pulse is good—he has a good appetite, and everything appeared favorable for the success of an operation.

The method of amputation was the same on both legs, with this exception, that on one side the whole operation was performed with the catlin, while on the other, the common amputating knife was used to divide the skin and superficial muscles, but was changed for the catlin in dividing the interosseus muscles. A circular incision being made through the skin, two hands' breadths below the knee joint, the flap of skin was dissected up and turned back, and the superficial muscles divided; a catlin was then made to penetrate between the bones so as to divide the interosseus muscles and ligament, a retractor applied, and the bones sawed off a hand's breadth below the joint.

Very little blood was lost in the operation—the vessels being completely commanded by the tourniquet. On one side the posterior tibial artery only required a ligature; on the other, both the anterior and posterior. The wounds were brought together by adhesive straps; over these a pledget, and then secured by the cross and a rolled bandage. The patient was very little exhausted by the operation, and seemed in good spirits on being carried down to his bed.

South Sea Expedition.—In looking over a catalogue of those composing the scientific corps, who are finally to give all the permanent character which this interesting voyage of discovery is to have in after times, should anything worthy of record be achieved, the names of two physicians, only, were recognized—Drs. Coates and Pickering of Philadelphia. We duly appreciate the merits of both these gentlemen in the departments which they are to manage. Dr. Coates, as comparative anatomist, will not disappoint us. From the city of Boston, but one solitary individual has been selected, viz. Mr. Couthuoy, the conchologist. He is a host in himself—learned, industrious, and ardently devoted to the pursuits of science. His journal will be a treasure, should he live to return. The Hon. Abbott Lawrence, the Representative to Congress from this District, deserves the particular thanks of the cultivators of natural history, for his exertions in securing the appointment of Mr. Couthuoy. There are three other gentlemen belonging to Boston, whose services should be secured. If the Secretary of the Navy would invite Drs. J. B. S. Jackson and J. B. Flint to attach themselves to the corps, to act at discretion in relation to scientific labor, it would redound, in the sequel, to the honor of the nation. The third person, in mind, is Mr. Daniel Jay Browne. He should be hydrographer, and should also measure the pendulum. We earnestly hope that by some good fortune the claims of these gentlemen may be presented to the Secretary, who could not do a more dignified act than to ask all three to accept an appointment at their own price.

Medical Lectures in Maine.—Dr. Childs, of Pittsfield, will leave for Brunswick in the course of a few weeks, to commence his course on the Theory and Practice of Medicine. From all we can gather, the prospects of the school are flattering for the coming season.

The lectures in the Maine School will be followed by a lecture term at the Woodstock, Vt. Institution, in which Dr. Childs also holds a chair. Dr. Parker is about leaving for Europe, and cannot, therefore, lecture at that place the present year.

Taliacotian Operation.—Nearly two hours and a half were lately occupied by Mr. Skey, at St. Bartholomew's Hospital, in performing the operation for a new nose. The flap was removed from the forehead in the usual way, but the hemorrhage was so great, that twenty minutes elapsed after its removal before it was applied to the pared edges on the nose. It was perfectly cold, but bled freely. The interrupted suture was employed, with long, small, and slightly curved needles, armed with fine silk. The new nose assumed the temperature of the surrounding parts in about half an hour, and retained it. Its sensibility was not recovered till the day following, and was for some time after referred to the forehead. The strappings and suture were removed on the third day. Three weeks after, the wound over the forehead was healing rapidly under the application of dry lint. A spring compress resembling a pair of forceps was worn on the new organ, which presented a tolerable specimen of the natural nose.

Patent Cure for Cancer.—Among the thousand and one patents recently issued at Washington, including those for Hemp Brakes, Cooking Stoves, Mortising Machines, &c. &c., we notice one entitled, "for an ointment for cancers," to Elias Gilman, Licking Co., Ohio. In order that the medical profession may not be unacquainted with an article which has been deemed worthy of this *distinguished* honor, we give the following description of the ointment. "It consists of finely pulverized sulphate of iron, mixed with mutton suet. It is to be spread on linen, and renewed when necessary. The cancer is to be washed with a decoction of spikenard and tanner's ooze and a decoction of yellow oak bark, and sometimes with a solution of potash and water."

Seasonable Query.—A correspondent of the London Lancet inquires of some of the leading homœopathists if minute portions of food would act in the same magical manner as they suppose minute portions of drugs to operate. If so, he thinks Hahnemann deserves a statue of gold.

Vegetable Fecundation.—The fecundation of plants, now well understood, was formerly involved in mystery. Ray mentions a curious and instructive instance, in which ignorance on this subject was the cause of much distress, and even loss of life.

"There was at Brentford, a gardener, Mr. Ball, who had always maintained a fair and respectable character as a gardener. He cultivated a remarkably fine cabbage, which excited the attention of his neighbors, and he sold a large quantity of the seeds to several gardeners who lived in

the immediate neighborhood of London. They planted them in the usual manner, but at the period of development, instead of the root they had seen grow up in Baal's gardens, they found that the *brassica longifolia* uniformly made its appearance, not the *florida*, as they had expected. The gardeners, fancying an imposition had been practised upon them, determined, in a body, to prosecute poor Baal: the trial came on at Westminster Hall, the unfortunate man was unable to prove his innocence; neither the barristers, nor the witnesses, nor the judges, knew anything of the Linnæan system. The poor gardener was found guilty of fraud. He was condemned not only to restore the price given for the seeds, but was likewise obliged to pay each gardener for the loss of time, and for the ground that had been uselessly occupied. His character and circumstances were consequently ruined, which impaired his health, and he sunk under his accumulated afflictions, and died. Had any one been acquainted with what we now know, or had the poor man, Baal, learnt, from observation, the use of the pollen in rendering the pistil productive, he would not have been found guilty of a crime, and the true cause would have been explained, namely, the fortuitous impregnation of the *brassica florida*, by the farina of the *brassica longifolia* growing in its neighborhood.

The Select Medical Library and Eclectic Journal of Medicine for January was received last week. The following is a list of the articles in the Journal. The Library consists of a continuation of Armstrong's Lectures.

Medical Education; the Medical College of Philadelphia; University of London; Notice of the Dispensatory of the United States of America; Experiments on the Brain, Spinal Marrow and Nerves, by Prof. Mayer, of Bonn; Properties of Arteries leading to inflamed parts; On the causes of the Motion of the Blood in the Capillary Vessels, by Dr. Poiseuille; Observations and Experiments upon the Functions of the Cæcum, by Dr. Schultz, of Berlin; On the softening of the Mucous Membrane of the Intestinal Canal in Children, by Dr. Droste, of Osnaburg; Chronic Laryngitis, by Dr. Roots; Oil of Croton externally applied in Chronic Laryngitis, by Dr. Romberg; On Deformities of the Chest, by Mr. Coulson; Chloride of Soda in Intermittent Fevers, by Dr. Gouzee; Incontinence of Urine; Enuresis; Acupuncture in Rheumatism, by Dr. Lee, of Indian Town, S. C.; Cinnabar Fumigations in Venereal Ulcers; Formula for Artificial Chalybeate Water; On the Cure of Erectile Tumors (Aneurism by Anastomosis); Cure of Ganglions of long standing by Puncture and Compression; On the Treatment of White Swelling, by M. Lisfranc; On the Employment of Muriate of Barytes in the Treatment of White Swellings, by M. Lisfranc; Statistics of Labor; Presence or Absence of Pregnancy; Position of the Head during Expulsion; Case of Twins; On the more common Causes of Death in newly born Infants; Belladonna employed in Spasmodic Contraction and Rigidity of the Uterus.

Otis, Broaders & Co. are agents for Boston.

The following is an abstract from the returns of the ten Visiting Physicians of the Boston Dispensary for the year ending Oct. 1st, 1836.

Results.—Whole number of cases, 1640. Recovered, 1400. Died, 63. Relieved 84. Removed, 39. Not relieved, 8. Remaining, 47.

Country.—Bostonian, 182. American, 437. Hibernico-American, 333. Irish, 559. British, 59. Other nations, 30.

Habits.—Supposed temperate, 1349. Drunkards, 62. Moderate drinkers, 242. Children of intemperate parents, 29. Births, 83.

The Blind made to see.—An interesting case of surgery, with a view to the bestowal of sight, is mentioned in the Lexington (Ky.) Intelligencer. It is that of a young man from Mississippi, aged about twenty-one, and blind from his birth, who came to that city a few weeks ago, for the purpose of having an operation performed, in the hope of attaining the power of vision. The operation was performed by Prof. Dudley, of the Medical Department of the Transylvania University, and appears to have been successful. Two weeks after the operation, the young man presented himself before the medical class, and easily distinguished the features of those who had attended him; but, as was quite natural for a person in his singular condition, nothing satisfactory could be obtained from him, in regard to the difference between those ideas which he had formerly received through the sense of touch, and those recently received through that of vision.

An Anencephalus.—At a late meeting of the Augusta (Gea.) Medical Society, Dr. Antony stated that during the last summer he had delivered an anencephalus, wherein the whole brain and medulla oblongata were deficient. How much farther down the spinal column the deficiency continued was not determined, from want of opportunity to continue the examination. The child lived in the full and regular performance of the functions of circulation and respiration (with the exception of occasional short intermissions of the latter), for the full term of twenty-seven hours. It was very strong and remarkably sensitive to the touch, so as to exhibit, when touched, somewhat of that convulsive effort produced by cold water thrown on one asleep.

Medical Miscellany.—Dr. William Swift has sailed in the North Carolina gun ship for the Pacific, as surgeon of the fleet.—Dr. John D. Fisher has been elected one of the Directors of the House of Reformation.—Dr. Elliotson, of London, has employed wormwood (*Artemisia absinthium*) in various cases of hysteria, with success. In one case in which the artemisia failed, the carbonate of iron was effective.—Dr. Edward Harrison is making some noise in London by his successful mode of treating spinal deformity, the cause of which he attributes generally to the ligaments.—An epidemic, represented as resembling an inflammatory pleurisy, with dysentery, has lately been very fatal in Georgia.—Green tea is said to be very extensively manufactured by the mixture of tumeric, indigo, and white lead with the coarsest bohea.—A practitioner in Darlington, Eng., has met with some success, in cases of cancer, from rubbing in equal portions of soap liniment, and ox-gall. Different preparations of gall were also used in some cases both externally and internally.

DIED,—In this city, Hon. Oliver Fiske, M.D., of Worcester, aged 74.

Whole number of deaths in Boston for the week ending January 29, 36. Males, 21—females, 15.

Infantile, 3—lung fever, 2—scarlet fever, 2—smallpox, 2—convulsions, 2—consumption, 4—inflammation of the lungs, 1—marasmus, 1—cholera infantum, 1—old age, 3—dropsy, 1—bowel complaint, 1—croup, 3—phthisis, 1—intemperance, 1—pleurisy, 1—typhus, 1—disease of heart, 1—debility, 1—stillborn, 4.

MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOSH DALE,
J. M. WARREN.

Boston, October, 1835.

June 15—eptf

A BARGAIN.

A PHYSICIAN in the County of Kennebec (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

tf

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 39.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY J. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN B. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

1f—Oct. 19

Boston, Oct. 7, 1836.

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